The selection, dosing, and administration of anticancer agents and the management of associated toxicities are complex. Drug dose modifications and schedule and initiation of supportive care interventions are often necessary because of expected toxicities and because of individual patient variability, prior treatment, and comorbidities. Thus, the optimal delivery of anticancer agents requires a healthcare delivery team experienced in the use of such agents and the management of associated toxicities in patients with cancer. These cancer treatment regimens may include both FDA-approved and unapproved uses/regimens and are provided as references only to the latest treatment strategies. Clinicians must choose and verify treatment options based on the individual patient.

Bone Cancer

NOTE: Grey shaded boxes contain updated regimens.
### BONE CANCER (Part 1 of 2)

#### General treatment notes:
- Chemotherapy for Ewing’s sarcoma and osteosarcoma should include growth factor support.
- Conventional chondrosarcoma has no known standard chemotherapy options.
- Mesenchymal chondrosarcoma: follow Ewing’s sarcoma regimens.
- Malignant fibrous histiocytoma (MFH) of bone: follow osteosarcoma regimens.

#### REGIMEN | DOSING

### Ewing’s Sarcoma and Mesenchymal Chondrosarcoma

#### First-Line Therapy (Primary/Neoadjuvant/Adjuvant) or Primary Therapy for Metastatic Disease at Initial Presentation

<table>
<thead>
<tr>
<th>REGIMEN</th>
<th>DOSING</th>
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</thead>
</table>
| **VAC/IE** (vincristine [Oncovin] + doxorubicin [Adriamycin] + cyclophosphamide [Cytoxan]) alternating with ifosfamide [Ifex] + etoposide [Toposar, VePesid, Etopophos VP-16]) | **Alternating VAC and IE cycles.** Repeat each cycle every 3 weeks for 17 cycles.  
**VAC cycles**  
**Day 1:** Vincristine 2mg/m² (max 2mg) IV + doxorubicin 75mg/m² IV bolus + cyclophosphamide 1,200mg/m² IV. Dactinomycin can be substituted for doxorubicin if there are concerns regarding cardiotoxicity; dactinomycin 1.25mg/m² IV can be substituted for doxorubicin when a total doxorubicin dose of 375mg/m² is reached.  
**IE cycles**  
**Days 1–5:** Ifosfamide 1,800mg/m² IV + etoposide 100mg/m² IV. |
| **VAI** (vincristine + ifosfamide + dactinomycin [actinomycin D; Cosmegen] + doxorubicin) | **Day 1:** Vincristine 1.5mg/m² IV, plus  
**Days 1–3:** Ifosfamide 2,000mg/m² IV, plus  
**Days 1, 3 and 5:** Dactinomycin 0.5mg/m² IV, plus  
**Days 2, 4:** Doxorubicin 30mg/m² IV. Repeat cycle every 3 weeks. |
| **VIDE** (vincristine + ifosfamide + doxorubicin + etoposide) | **Day 1:** Vincristine 1.4mg/m² (max 2mg), plus  
**Days 1–3:** Doxorubicin 20mg/m² IV + ifosfamide 3mg/m² IV + mesna 3g/m² continuous IV infusion + etoposide 150mg/m² IV. Repeat cycle every 3 weeks for up to 6 cycles. |
| **CVD** (cyclophosphamide [Cytoxan] + vincristine + doxorubicin OR dactinomycin) | **Day 1:** Vincristine 2mg/m² IV + cyclophosphamide 1,200mg/m² + doxorubicin 75mg/m² (the first 5 cycles) OR dactinomycin 1.25mg/m² IV (subsequent cycles). Repeat cycle every 3 weeks for 17 cycles. |

#### Second-Line Therapy (Relapsed or Refractory Disease)

<table>
<thead>
<tr>
<th>REGIMEN</th>
<th>DOSING</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cyclophosphamide + topotecan (Hycamtin)</td>
<td><strong>Days 1–5:</strong> Cyclophosphamide 250mg/m²/day IV + topotecan 0.75mg/m²/day IV. Repeat cycle every 3 weeks for 12–14 cycles.</td>
</tr>
</tbody>
</table>
| Irinotecan (CPT-11; Camptosar) + temozolomide (Temodar) | **Days 1–5:** Temozolomide 100mg/m²/day orally, plus  
**Days 1–5 and 8–12:** Irinotecan 10–20mg/m²/day IV at least one hour after temozolomide. Repeat cycle every 3 or 4 weeks for 6 or 3 cycles, respectively. |
| Carboplatin (Paraplatin) + ifosfamide + etoposide | **Days 1 and 2:** Carboplatin 400mg/m²/day IV, plus  
**Days 1–5:** Ifosfamide 1,800mg/m²/day IV + etoposide 100mg/m²/day IV. Repeat cycle every 3 weeks for up to 12 cycles (median 1 cycle). |
| Gemcitabine (Gemzar) + docetaxel (Taxotere) | **Days 1 and 8:** Gemcitabine 675mg/m² IV, plus  
**Day 8:** Docetaxel 75–100 mg/m² IV. Repeat cycle every 3 weeks for up to 13 cycles (median 4 cycles). |

### Osteosarcoma

#### First-Line (Primary/Neoadjuvant/Adjuvant) or Primary Therapy for Metastatic Disease at Initial Presentation

<table>
<thead>
<tr>
<th>REGIMEN</th>
<th>DOSING</th>
</tr>
</thead>
</table>
| Cisplatin (CDDP; Platinol) + doxorubicin (Adriamycin) | **Days 1–3:** Doxorubicin 25mg/m²/day IV, plus  
**Day 1:** Cisplatin 100mg/m² IV continuous IV infusion. Repeat cycle every 3 weeks for 6 cycles. |

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1. For more information, please consult the referenced sources or medical professionals.
# Osteosarcoma (continued)

## First-Line (Primary/Neoadjuvant/Adjuvant) or Primary Therapy for Metastatic Disease at Initial Presentation

**MAP (high-dose methotrexate [MTX] + cisplatin + doxorubicin)**

| Day 1: Methotrexate 8g/m² IV (with leucovorin rescue 15mg every 6 hrs for 11 doses, starting 24 hrs after beginning methotrexate), **followed by** Days 7–9: Cisplatin 120mg/m²/day intra-arterially, **followed by** Day 9: Doxorubicin 60mg/m² IV (48 hrs after start of cisplatin infusion). | Repeat cycle once after 4 weeks. |

## Second-Line Therapy (Relapsed or Refractory Disease)

**Carboplatin + ifosfamide + etoposide**

| Days 1 and 2: Carboplatin 400mg/m²/day IV, **plus** Days 1–5: Ifosfamide 1,800mg/m²/day IV + etoposide 100mg/m²/day IV. | Repeat cycle every 3 weeks for up to 12 cycles (median 1 cycles). |

**Gemcitabine (Gemzar) + docetaxel (Taxotere)**

| Days 1 and 8: Gemcitabine 675mg/m² IV, **plus** Day 8: Docetaxel 75–100mg/m² IV. | Repeat cycle every 3 weeks for up to 13 cycles (median 4 cycles). |

## References